

CHILDREN AND YOUTH REGISTRATION AND PERMISSION FORM FOR 2023/2024

(Please use a separate form for each person under 18 years of age)

Mission Baptist Church, 100 North Oval, Hamilton ON L8S 3Z1 (905)-528-3262

Please **initial** the program (s) your child will be participating in:

Nursery Crosswalk Kids Quest Jr. Youth Sr. Youth
Ages 0-2 PS-Gr. 8 SK-Gr. 5 Gr. 6-8 Gr. 9-12

Name of Child or Minor Youth _____

Date of Birth (Month/Day/Year) _____

Name of Parents/Legal Guardian _____

Address _____

City _____ Postal Code _____

Home phone _____ Cell _____ E-mail _____

Names and relationship of people authorized to pick up the child from an activity:

EMERGENCY CONTACT PERSON _____

Relationship to child/youth _____ Phone _____

Family Doctor _____ Phone _____

Please record any medical conditions, allergies or dietary restrictions:

In the event of a serious accident or illness, our procedure will be to contact the parent/guardian and then the emergency contact person listed above. If we are unable to do so, your signature below will allow us to proceed at our discretion to seek medical aid, subject to any restrictions noted above. Mission Baptist Church and their representatives are hereby released from any liability.

I certify that I am the parent or legal guardian of the above named child and I grant permission for the above named child to participate in the program (s) indicated above, and I further certify that all of the information on this form is completely and entirely correct.

Signature of Parent or Guardian

Date

In accordance with the Municipal Freedom of Information Act, 1989, I hereby allow pictures to be taken of my child and to be used by Mission Baptist Church for:

In House Sharing:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Website:	Yes <input type="checkbox"/>	No <input type="checkbox"/>